# Child_Brain_Injury_Trust_New_Logo

#  Child Brain Injury Trust Emergency Fund Application Form

# A small grants programme for families of a child with an acquired brain injury

**ABOUT YOU (THE APPLICANT)**

Name:Post Code:

Address:

Home Telephone: Mobile:

Email:

Name of child with an acquired brain injury? 

Relationship to child with an acquired brain injury?

# ABOUT YOUR APPLICATION

**a) How much money are you requesting?** (£200 max) **£** \_\_\_\_\_\_\_\_\_\_

**b) What is the money needed for?**

**c) Please provide a brief breakdown of costs**

**e) What difference will this grant make to your family life?**

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**g) Bank Details of Recipient:**

Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Name: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_

Sort Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If the recipient is unable to accept payment via a direct bank payment, the Payee name on the cheque:

Payee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Child Brain Injury Trust Emergency Fund Application Form: Page 2

**This section is to be filled in by the ABI COORDINATOR only.**

*For the purposes of this application, an acquired brain injury is an injury to the brain that has happened after birth.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **What previous support has the family received?**

**How do you feel this grant will benefit the applicant?**

I can confirm I am supporting the applicant family of a child who has an acquired brain injury

YES/NO **(delete as appropriate)**

 **Signature: Date:**

**SIGNATURES**

**Applicant**

**By signing this form, I confirm that to the best of my knowledge all the information given is correct and accurate**. **If successful, I will only spend the grant money on the costs described in this application and will also provide feedback to the Child Brain Injury Trust (email to office@cbituk.org), detailing how this grant impacted our family. By signing this form, I agree to be contacted by the Child Brain Injury Trust if my application is successful.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**